

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

Monthly Report of Daily Withdrawals

This report must be completed and submitted to the District at the address below as required by your permit

Permit Number _____
Issued to _____
Address _____
City, State, ZIP _____
Phone / Fax Numbers _____
E-mail Address: _____

This report is for

☐ Entire Permit _____ ☐ Treatment Plant (name): _____
☐ Wellfield (name) _____ ☐ Other (specify): _____
☐ Individual Well or Pump (name): _____

Reporting Period: Month _____ Year _____

Day	Million Gallons
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	

Day	Million Gallons
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	

Day	Million Gallons
23	
24	
25	
26	
27	
28	
29	
30	
31	
TOTAL	
M G	

☐ Ground Water Source: _____

☐ Surface Water Source: _____

Accounting Method:

☐ Flow Meter ☐ Time Clock ☐ Other: _____

Date of last calibration as required by your permit: _____

Name of Person Completing Form: _____

Signature: _____ Date: _____

WUC-DB ID _____

Return To:
South Florida Water Management District
Attn: Water Use Regulation Division (4320)
PO Box 24680
West Palm Beach, FL 33416 - 4680

sfwmd.gov